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SUMMARY

This Health Advisory Supplement provides updated information on quarantine of close contacts to COVID-19 cases and monoclonal antibody therapies.

QUARANTINE

On Dec. 2, 2020, the Centers for Disease Control and Prevention (CDC) published options for reducing the length of quarantine following exposure to a COVID-19 case

(<https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html>).

Data analysis and modeling indicate there is low risk of discontinuing quarantine early for close contacts who remain asymptomatic after exposure to COVID-19. With the options outlined below for reducing quarantine length, the post-quarantine transmission risk is estimated at about 5% (upper limit of about 12%) for discontinuation after seven days with negative testing and about 1% (upper limit of about 10%) for discontinuation after 10 days with no testing. In both cases, continued symptom monitoring and other nonpharmaceutical interventions such as masking and physical distancing are important in reducing risk of transmission.

Due to the continued risk of transmission for people who live in a congregate and/or residential care setting (long-term care facilities, prisons/jails, homeless shelters, etc.), quarantine should not be shortened from 14 days in those settings. In addition, staff at long-term care facilities need to continue following a 14-day quarantine based on CMS guidance. CDC guidance for other types of healthcare providers and staff of other congregate settings is pending; however WDH recommends that these individuals continue to follow a 14 day quarantine. Modified quarantine for healthcare workers and other critical infrastructure workers will remain an option to ensure essential services continue.

The Wyoming Department of Health (WDH) continues to recommend a COVID-19 quarantine period of 14 days following exposure. The following options to shorten quarantine are acceptable alternatives:

- For contacts who have monitored themselves daily and have not had any symptoms of COVID-19, quarantine can end after 10 days. In this instance, individuals meeting these criteria could resume their usual activities beginning on day 11 after the last exposure. They should continue to monitor themselves daily for symptoms for the full 14 days following exposure.
- For contacts who have monitored themselves daily for symptoms, have not had any symptoms of COVID-19, and have tested negative on a molecular test collected within 48 hours before quarantine is discontinued, quarantine can end after 7 days following the last exposure. In this instance, individuals meeting these criteria could resume their usual activities beginning on day 8 after exposure. They should continue to monitor themselves daily for symptoms for the full 14 days.

In no circumstances can quarantine be discontinued before 7 full days of quarantine have passed since exposure. WDH recommends that close contacts continue to take measures to protect themselves and others such as avoiding crowds, social distancing, correct and consistent mask use, and hand and cough hygiene for the full 14 days.

Regardless of whether someone is released from quarantine early, if they develop any [symptoms of COVID-19 illness](#) in the 14 days following their exposure, they must isolate immediately and contact a healthcare provider.

WDH continues to recommend that contacts be tested for COVID-19 during their quarantine period, even if they are completing 10 days or 14 days of quarantine.

Please note that these new recommendations do not change the isolation period for individuals diagnosed with COVID-19. Individuals diagnosed with COVID-19 must isolate until all of the following criteria have been met: at least 10 days have passed since the onset of symptoms, resolution of fever for at least 24 hours, and improvement in other symptoms. Asymptomatic persons diagnosed with COVID-19 must isolate for 10 days after the date of their first positive test (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>).

Healthcare infection prevention and control guidance remains unchanged at this time (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>).

MONOCLONAL ANTIBODY THERAPIES

The U.S. Food and Drug Administration (FDA) has issued Emergency Use Authorizations for two monoclonal antibody therapies, bamlanivimab and combination casirivimab and imdevimab. These intravenous therapies are authorized to be used for the treatment of mild to moderate COVID-19 in adult and pediatric patients (12 years of age and older and weighing at least 40 kg) with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progressing to severe COVID-19 and/or hospitalization.

Detailed instructions and criteria for use can be found on the FDA healthcare provider fact sheets:

Bamlanivimab: [Fact Sheet for Healthcare Providers: Emergency Use Authorization \(EUA\) of Bamlanivimab](#)

Casirivimab and Imdevimab: [Fact Sheet for Healthcare Providers: Emergency Use Authorization \(EUA\) of Casirivimab and Emdevimab](#)

Supplemental clinical guidance for monoclonal antibody use is provided by the NIH (<https://www.covid19treatmentguidelines.nih.gov/statement-on-bamlanivimab-eua/>) and the IDSA (<https://www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management/#to-c-10>).

WDH is receiving limited quantities of these medications and is distributing them to hospital pharmacies based on county active case count. During phase one of this distribution HHS is directing the state to allocate these medications to hospitals and hospital-affiliated locations only. At this time, based on limited quantities, these medications are being distributed only by county active case count and not on request.

CLINICAL MANAGEMENT

Clinical management guidance is available from the CDC ([Management of Patients with Confirmed 2019-nCoV](#)), the NIH ([Coronavirus Disease 2019 \(COVID-19\) Treatment Guidelines](#)), and the IDSA ([Infectious Diseases Society of America Guidelines on the Treatment and Management of Patients with COVID-19](#)). CDC's Clinical Outreach and Communication Activity (COCA) calls and webinars offer the most up to date information and guidance for clinicians. COCA calls can be accessed at [Calls/Webinars | Clinician Outreach and Communication Activity \(COCA\)](#). The Wyoming Medical Society website contains clinical resources from the University of Washington, including treatment guidelines and algorithms: [COVID-19](#).

TEST REPORTING

The Coronavirus Aid, Relief, and Economic Security (CARES) Act requires that all diagnostic COVID-19 tests, including both positive and negative results, be reported to the appropriate public health authority. All COVID-19 test results must be reported to WDH.

Facilities and providers who are conducting on-site and rapid tests but do not have electronic laboratory reporting (ELR) capability or other means of reporting can report test results using the electronic reporting form at this link <https://redcap.health.wyo.gov/surveys/?s=PTDACMWJ9H> or by faxing results to 307-777-5573 within 24 hours of the result. Facilities and providers conducting high volumes of on-site testing can report results using this survey: <https://redcap.link/COVIDTestReporting>

CONTACT INFORMATION

Wyoming healthcare providers and facilities are reminded to check COVID-19 resources available from [WDH](#) and [CDC](#). Healthcare providers or facilities can contact WDH through the following channels:

- Please email questions about preparedness, PPE, infection control, or other non-urgent topics to wdh.covid19@wyo.gov.

- Please contact WPHL with questions about specimen collection, storage, or shipping at 307-777-7431 or WPHL@wyo.gov.
- For WPHL result inquiries, please allow 24 hours upon receipt of the sample to request the status of results. Please email WDH-COVID-RESULTS@wyo.gov with the name of the patient, medical records number, and date of birth.
- **Please use the WDH Public Health Emergency Line (1-888-996-9104) for urgent questions about a specific patient, healthcare personnel exposure, or other urgent matter. This line is intended ONLY for healthcare providers. Do not share this number with the public.**

Please refer questions from the general public to 211 or to the WDH email box (wdh.covid19@wyo.gov).